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Bib Data Sheet

CONFIRMATION NO. 3492

<b>SERIAL NUMBER</b> 10/757,346	<b>FILING OR 371(c) DATE</b> 01/14/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 1/1447	
<b>APPLICANTS</b> Heinrich Kladders, Muelheim, GERMANY; Joerg Schiewe, Mainz, GERMANY;					
<b>** CONTINUING DATA *****</b> <i>KCM</i> This appln claims benefit of 60/440,223 01/15/2003					
<b>** FOREIGN APPLICATIONS *****</b> <i>KCM</i> GERMANY 103 00 982 01/14/2003					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/19/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>KCM</i> <i>KCM</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 28501					
<b>TITLE</b> Powder inhaler					
<b>FILING FEE RECEIVED</b> 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		